

400-00-7506	
<b>Description:</b> Single resident with multiple credits, underpayment, and Direct Debit	
<b>Forms:</b> AZ140, 301, 306, 307, 309, 312, 319, 325, 332, 336, 221, 8879	
<b>PATS Info</b>	
<b>AZ-140:</b> Income from W2s, Schedule F, Mexican dividends	
Filing under extension	
Federal depreciation with excess Section 179 and recalculated AZ depreciation	
Medical Savings Account distributions	
Construction of an energy efficient residence	
Estimated payments	
Filing with extension	
Underpayment penalty	
Balance Due with Direct Debit	

OMB No. 1545-0074	
Do not write or staple in this space.	
For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20	
Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type.	OMB No. 1545-0074
1 Your first name and initial RAYMOND	Last name RESSTOO
2 If a joint return, spouse's first name and initial	Last name
3 Home address (number and street). If you have a P.O. box, see page 16. 811 MOUNTAIN VIEW LANE	Apt. no.
4 City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.	Checking a box below will not change your tax or refund.
5 Presidential Election Campaign	6 You must enter your SSN(s) above.
7 GLOBE	8 AZ
9 85501	10 You must enter your SSN(s) above.
11 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)	12 You Spouse
13 1 X Single	14 4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
15 2 Married filing jointly (even if only one had income)	16 5 Qualifying widow(er) with dependent child (see page 17)
17 3 Married filing separately. Enter spouse's SSN above and full name here.	18 Boxes checked on 6a and 6b
19 Exemptions	19 1
20 6 a X Yourself. If someone can claim you as a dependent, do not check box 6a	20 No. of children on 6c who:
21 b Spouse	21 lived with you
22 c Dependents:	22 did not live with you due to divorce or separation (see page 20)
23 (1) First name Last name	23 Dependents on 6c not entered above
24 (2) Dependent's social security number	24 Add numbers on lines above
25 (3) Dependent's relationship to you	25 1
26 (4) Check if qualifying child for child tax credit (see pg 19)	
27 d Total number of exemptions claimed	
28 7 Wages, salaries, tips, etc. Attach Form(s) W-2	29 7 450,000
29 Income	30 8a
31 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	32 8b
33 If you did not get a W-2, see page 22.	34 9a 150,000
35 Enclose, but do not attach, any payment. Also, please use Form 1040-V.	36 9b
37 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	38 10
38 11 Alimony received	39 11
39 12 Business income or (loss). Attach Schedule C or C-EZ	40 12
40 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here	41 13
41 14 Other gains or (losses). Attach Form 4797	42 14
42 15a IRA distributions	43 15b Taxable amount (see page 25)
43 16a Pensions and annuities	44 16b Taxable amount (see page 25)
44 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	45 17
45 18 Farm income or (loss). Attach Schedule F	46 18
46 19 Unemployment compensation	47 19
47 20a Social security benefits	48 20b Taxable amount (see page 27)
48 21 Other income.	49 21
49 22 Add the amounts in the far right column for lines 7 through 21. This is your total income	50 22 600,000
51 Adjusted Gross Income	52 23 Archer MSA deduction. Attach Form 8853
53 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	54 24
55 25 Health savings account deduction. Attach Form 8889	56 25
56 26 Moving expenses. Attach Form 3903	58 26
57 27 One-half of self-employment tax. Attach Schedule SE	60 27
58 28 Self-employed SEP, SIMPLE, and qualified plans	62 28
59 29 Self-employed health insurance deduction (see page 30)	64 29
60 30 Penalty on early withdrawal of savings	66 30
61 31a Alimony paid b Recipient's SSN	68 31a
62 32 IRA deduction (see page 31)	70 32
63 33 Student loan interest deduction (see page 33)	72 33
64 34 Jury duty pay you gave to your employer	74 34
65 35 Domestic production activities deduction. Attach Form 8903	76 35
66 36 Add lines 23 through 31a and 32 through 35	78 36
67 37 Subtract line 36 from line 22. This is your adjusted gross income	79 37 600,000

**Tax and Credits****Standard Deduction for—**

● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

● All others:  
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	600,000
39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here <b>39b</b>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,150
41	Subtract line 40 from line 38	41	594,850
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	1,100
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	593,750
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	187,673
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	187,673
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page XX). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	187,673

**Other Taxes**

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	187,673

**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5,000
65	2006 estimated tax payments and amount applied from 2005 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <b>66b</b>		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	5,000

**Refund**

Direct deposit?  
See page 59  
and fill in 74b,  
74c, and 74d,  
or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

**Amount You Owe**

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	191,214
77	Estimated tax penalty (see page 60)	77	8,541

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sign Here**

Joint return?  
See page 17.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


Your signature	Date	Your occupation	Daytime phone number
10987	04-12-2007	TAX PREPARER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	866-400-5000

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
<input type="text"/>	10-19-2006	<input type="checkbox"/>	P24680000
Firm's name (or yours if self-employed), address, and ZIP code	H & R BLOCK 235 E PALMER STREET FRANKLIN NC 28734	EIN	56-3333333
		Phone no.	828-524-8020

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

**RAYMOND RESSTOO****Your social security number****400-00-7506****Schedule B-Interest and Ordinary Dividends**Attachment  
Sequence No. **08****Part I  
Interest**


- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address 

(See page B-1 and the instructions for Form 1040, line 8a.)

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2** Add the amounts on line 1 . . . . . **2**
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a . . . . . **4**

**Note:** If line 4 is over \$1,500, you must complete Part III.**Part II  
Ordinary Dividends**

- 5** List name of payer 

MEXICAN GOVERNMENT

(See page B-1 and the instructions for Form 1040, line 9a.)


**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6** Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . . . . . **6**

**Note.** If line 6 is over \$1,500, you must complete Part III.**Part III  
Foreign Accounts and Trusts**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; or **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 . . . . . **X**

- b** If "Yes," enter the name of the foreign country  MEXICO

(See page B-2.)

- 8** During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 . . . . . **X**

**SCHEDULE F  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Farming**

▶ Attach to Form 1040, Form 1040NR, Form 1041, Form 1065, or Form 1065-B.

▶ See Instructions for Schedule F (Form 1040).

**D1 - (06/21/06)**

OMB No. 1545-0074

**2006**

Attachment  
Sequence No. **14**

Name of proprietor

**RAYMOND RESSTOO**

Social security number (SSN)

**400-00-7506**

**A** Principal product. Describe in one or two words your principal crop or activity for the current tax year.

**CAMELS**

**B** Enter code from Part IV

▶ **112510**

**C** Accounting method:

(1) ☒ Cash

(2) ☐ Accrual

**D** Employer ID number (EIN), if any

**57-8484898**

**E** Did you "materially participate" in the operation of this business during 2006? If "No," see page F-2 for limit on passive losses.

☒ Yes ☐ No

**Part I Farm Income - Cash Method.** Complete Parts I and II (Accrual method. Complete Parts II and III, and Part I, line 11.)

Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report these sales on Form 4797.

<b>1</b>	Sales of livestock and other items you bought for resale . . . . .	<b>1</b>		
<b>2</b>	Cost or other basis of livestock and other items reported on line 1 . . . . .	<b>2</b>		
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>		
<b>4</b>	Sales of livestock, produce, grains, and other products you raised . . . . .	<b>4</b>		<b>15,000</b>
<b>5a</b>	Cooperative distributions (Form(s) 1099-PATR) . . . . .	<b>5a</b>		<b>5b</b> Taxable amount
<b>6a</b>	Agricultural program payments (see page F-2) . . . . .	<b>6a</b>		<b>6b</b> Taxable amount
<b>7</b>	Commodity Credit Corporation (CCC) loans (see page F-3):			
<b>a</b>	CCC loans reported under election . . . . .	<b>7a</b>		
<b>b</b>	CCC loans forfeited . . . . .	<b>7b</b>		<b>7c</b> Taxable amount
<b>8</b>	Crop insurance proceeds and federal crop disaster payments (see page F-3):			
<b>a</b>	Amount received in 2006 . . . . .	<b>8a</b>		<b>8b</b> Taxable amount
<b>c</b>	If election to defer to 2007 is attached, check here ▶ <input type="checkbox"/> <b>8d</b> Amount deferred from 2005 . . . . .	<b>8d</b>		
<b>9</b>	Custom hire (machine work) income . . . . .	<b>9</b>		
<b>10</b>	Other income, including federal and state gasoline or fuel tax credit or refund (see page F-3) . . . . .	<b>10</b>		
<b>11</b>	<b>Gross income.</b> Add amounts in the right column for lines 3 through 10. If you use the accrual method, enter the amount from Part III, line 51 . . . . . ▶	<b>11</b>		<b>15,000</b>

**Part II Farm Expenses - Cash and Accrual Method.**

Do not include personal or living expenses such as taxes, insurance, or repairs on your home.

<b>12</b>	Car and truck expenses (see pg. F-4). Also, attach <b>Form 4562</b> . . . . .	<b>12</b>		<b>25</b>	Pension and profit-sharing plans . . . . .	<b>25</b>	
<b>13</b>	Chemicals . . . . .	<b>13</b>		<b>26</b>	Rent or lease (see page F-5):		
<b>14</b>	Conservation expenses (see page F-4) . . . . .	<b>14</b>		<b>a</b>	Vehicles, machinery, and equipment . . . . .	<b>26a</b>	
<b>15</b>	Custom hire (machine work) . . . . .	<b>15</b>		<b>b</b>	Other (land, animals, etc.) . . . . .	<b>26b</b>	
<b>16</b>	Depreciation and section 179 expense deduction not claimed elsewhere (see page F-4) . . . . .	<b>16</b>	<b>51,666</b>	<b>27</b>	Repairs and maintenance . . . . .	<b>27</b>	
<b>17</b>	Employee benefit programs other than on line 25 . . . . .	<b>17</b>		<b>28</b>	Seeds and plants . . . . .	<b>28</b>	
<b>18</b>	Feed . . . . .	<b>18</b>		<b>29</b>	Storage and warehousing . . . . .	<b>29</b>	
<b>19</b>	Fertilizers and lime . . . . .	<b>19</b>		<b>30</b>	Supplies . . . . .	<b>30</b>	
<b>20</b>	Freight and trucking . . . . .	<b>20</b>		<b>31</b>	Taxes . . . . .	<b>31</b>	
<b>21</b>	Gasoline, fuel, and oil . . . . .	<b>21</b>		<b>32</b>	Utilities . . . . .	<b>32</b>	
<b>22</b>	Insurance (other than health) . . . . .	<b>22</b>		<b>33</b>	Veterinary, breeding, and medicine . . . . .	<b>33</b>	
<b>23</b>	Interest:			<b>34</b>	Other expenses (specify):		
<b>a</b>	Mortgage (paid to banks, etc.) . . . . .	<b>23a</b>		<b>a</b>		<b>34a</b>	
<b>b</b>	Other . . . . .	<b>23b</b>		<b>b</b>		<b>34b</b>	
<b>24</b>	Labor hired (less employment credits) . . . . .	<b>24</b>		<b>c</b>		<b>34c</b>	
				<b>d</b>		<b>34d</b>	
				<b>e</b>		<b>34e</b>	
				<b>f</b>		<b>34f</b>	

**35 Total expenses.** Add lines 12 through 34f is negative, see instructions . . . . . ▶ **35** **51,666**

**36 Net farm profit or (loss).** Subtract line 35 from line 11.  
 ● If a profit, enter on **Form 1040, line 18**, and also on **Schedule SE, line 1**.  
 If you file, Form 1040NR, enter the profit on **Form 1040NR, line 19**.  
 ● If a loss, you **must** go on to line 37. Estates, trusts, and partnerships, see page F-6.

**37** If you have a loss, you **must** check the box that describes your investment in this activity (see page F-6).

● If you checked 37a, enter the loss on **Form 1040, line 18**, and also on **Schedule SE, line 1**.

If you file Form 1040NR, enter the loss on **Form 1040NR, line 19**.

● If you checked 37b, you **must** attach **Form 6198**. Your loss may be limited.

**37a** ☐ All investment is at risk.  
**37b** ☐ Some investment is not at risk.

YOUR FIRST NAME AND INITIAL 1 <b>RAYMOND</b>		LAST NAME <b>RESSTOO</b>		YOUR SOCIAL SECURITY NO. <b>400-00-7506</b>	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 <b>811 MOUNTAIN VIEW LANE</b>		DAYTIME PHONE (with area code) <b>866-400-5000</b>		89 <input checked="" type="checkbox"/>	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 <b>GLOBE, AZ 85501</b>		HOME PHONE (with area code) 94		Check this box if: 82F <input checked="" type="checkbox"/> <b>Filing under extension</b>	

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4 <input type="checkbox"/> Married filing joint return
5 <input type="checkbox"/> Head of household - name of qualifying child or dependent ▶
6 <input type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here ▶
7 <input checked="" type="checkbox"/> Single

FOR DOR USE ONLY

8 00	Age 65 or over (you and/or spouse)
9 00	Blind (you and/or spouse)
10 00	Dependents. From page 2, line A2 - <b>do not include self or spouse.</b>
11 00	Qualifying parents and ancestors of your parents. From page 2, line A5.

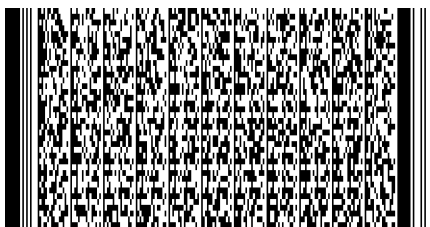
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Attach  
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THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income . . . . .	12	<b>600,000</b>	00
13 Additions to income (from page 2, line B13) . . . . .	13	<b>2,116</b>	00
14 Add lines 12 and 13 . . . . .	14	<b>602,116</b>	00
15 Subtractions. No. from line C27a: 151 <b>1</b>	15	<b>31,666</b>	00
16 Arizona AGI. Line 14 minus line 15 . . . . .	16	<b>570,450</b>	00
17 17 <input type="checkbox"/> ITEMIZED 17S <input checked="" type="checkbox"/> STANDARD	17	<b>4,247</b>	00
18 Personal exemptions . . . . .	18	<b>2,100</b>	00
19 AZ taxable inc. Line 16 minus lines 17 & 18	19	<b>564,103</b>	00
20 Compute tax. Use line 19 & proper tax table	20	<b>25,932</b>	00
21 Tax from recapture of credits . . . . .	21		00
22 Subtotal of tax. Add lines 20 and 21 . . . . .	22	<b>25,932</b>	00
23 - 24 Clean Elections Fund Tax Reduction.			
23 1 <input checked="" type="checkbox"/> YOURSELF 23 2 <input type="checkbox"/> SPOUSE . . . . .	24	<b>5</b>	00
25. Reduced tax. Subtract line 24 from line 22	25	<b>25,927</b>	00
26 Family income tax credit from worksheet on page 15 of instructions . . . . .	26		00
27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required . . . . .	27	<b>22,415</b>	00
28 Credit type. Enter form number of each credit claimed: . . . . . 28 <b>306 307 312 319</b>			
29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions . . . . .	29		00
30 Balance of tax. Subtract lines 26, 27, and 29 from line 25. If the sum of lines 26, 27, and 29 is more than line 25, enter zero . . . . .	30	<b>3,512</b>	00
31 Arizona income tax withheld during 2006 . . . . .	31	<b>400</b>	00
32 Arizona estimated tax payments for 2006 . . . . .	32	<b>100</b>	00
33 Amount paid with 2006 Arizona extension request (Form 204) . . . . .	33	<b>400</b>	00
34 Increased Excise Tax Credit from worksheet on page 17 of the instructions . . . . .	34		00
35 Property Tax Credit from Form 140PTC . . . . .	35		00
36 Total payments/refundable credits. Add lines 31 through 35 . . . . .	36	<b>900</b>	00
37 TAX DUE. If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40 . . . . .	37	<b>2,612</b>	00
38 OVERPAYMENT. If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment . . . . .	38		00
39 Amount of line 38 to be applied to 2007 estimated tax . . . . .	39		00
40 Balance of overpayment. Subtract line 39 from line 38 . . . . .	40		00

## 41 - 49 Voluntary Gifts to:

AID TO EDUCATION  
(entire refund only) . . . . . 41

00

CHILD ABUSE

00

PREVENTION . . . . . 44

00

NEIGHBORS HELPING

00

NEIGHBORS . . . . . 47

00

ARIZONA WILDLIFE

42

00

DOMESTIC VIOLENCE

45

00

SHELTER . . . . . 45

00

SPECIAL OLYMPICS . . . . . 48

00

CITIZENS CLEAN

43

00

ELECTIONS

46

00

NATIONAL GUARD

49

00

RELIEF FUND . . . . . 49

00

POLITICAL GIFT . . . . . 49

00

50 Check only one if making a political gift: 50 1 ☐ Democratic 50 2 ☐ Libertarian 50 3 ☐ Republican

51 Estimated payment penalty and MSA withdrawal penalty . . . . .

51 **116** 0052 Check applicable boxes: 52 1 ☐ Annualized/Other 52 2 ☐ Farmer or Fisherman 52 3 ☒ Form 221 attached 52 4 ☐ MSA Penalty

53 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, and 51 . . . . .

53 **116** 00

54 REFUND. Subtract line 53 from line 40. If less than zero, enter amount owed on line 55 . . . . .

54 00

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C ☐ Checking orS ☐ Savings

98

55 AMOUNT OWED. Add lines 37 and 53. Make check payable to Arizona Department of Revenue; include SSN on payment.

55 **2,728** 00☐ Payment enclosed. Check the box and attach payment.

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

400-00-7506

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

NO. OF MONTHS  
LIVED IN YOUR  
HOME IN 2006

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

0

A3

a

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

NO. OF MONTHS  
LIVED IN YOUR  
HOME IN 2006

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11

• • • • • TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest		B6		00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return		B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return		B8		00
B9	Total federal depreciation		B9	1,666	00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions		B10	450	00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions		B11		00
B12	Other additions to income. See instructions and attach your own schedule		B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13		B13	2,116	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16		00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18		00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23	26,666	00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a 1, then amount	C27	5,000	00
C28	Active duty military pay (including combat pay) that you included in federal adjusted gross income	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule	C29		00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	31,666	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE  
SIGN  
HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

10-19-2006

TAX PREPARER

SPOUSE'S SIGNATURE

PAID PREPARER'S SIGNATURE

H & R BLOCK

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

P24680000

10-19-2006

235 E PALMER STREET

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

FRANKLIN, NC 28734

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

## ARIZONA FORM

## Underpayment of Estimated Tax by Individuals

2006

221

Attach to your return

NAME (FIRST, MIDDLE INITIAL, LAST). IF JOINT RETURN, ALSO GIVE SPOUSE'S NAME AND INITIAL

SOCIAL SECURITY NUMBER

RAYMOND RESSTOO

400-00-7506

## Part A Calculation of Underpayment

1	I am claiming an exception from the imposition of the estimated payment penalty and interest because I qualified for federal relief under IRC§ 6654. Check box and see instructions . . . . .	1	<input type="checkbox"/>
2	Amount of tax for 2006 from Form 140, page 1, line 25, or form 140PY, page 1, line 28, or Form 140NR, page 1, line 28 . . . . .	2	25,927 00
3	Tax credits claimed on your 2006 Arizona return . . . . .	3	22,415 00
4	Subtract line 3 from line 2 . . . . .	4	3,512 00
5	Arizona tax withheld during 2006. Do not include any estimated tax payments or amounts paid with Form 204 on this line . . . . .	5	400 00
6	Subtract line 5 from line 4. If less than \$1,000, stop here. You do not owe the penalty. Do not file Form 221 . . . . .	6	3,112 00
7	Multiply line 4 by 90% (.90) . . . . .	7	3,161 00
8	Enter the immediately preceding year's tax liability after tax credits. See instructions . . . . .	8	00
9	<b>Required Annual Payment:</b> Enter the lesser of line 7 or line 8 . . . . .	9	3,161 00

		(a)	(b)	(c)	(d)	
10	Payment date . . . . .	10	Apr-17-2006	Jun-15-2006	Sep-15-2006	Jan-16-2007
11	Divide the amount on line 9 by the number of payments required for the year (usually four). Enter the result in appropriate columns. If you use any other installment method, check this box <input type="checkbox"/> If you annualize, complete the worksheet on page 2 of this form and enter the amount from line 23 of that worksheet in each column of line 11 . . . . .	11	790	790	790	791
12	Estimated tax paid and income tax withheld. See instructions . . . . .	12	200	100	100	100
13	Overpayment: See instructions . . . . .	13				
14	Add lines 12 and 13 . . . . .	14	200	100	100	100
15	<b>Underpayment:</b> Subtract line 14 from line 11; or <b>Overpayment:</b> Subtract line 11 from line 14 . . . . .	15	UNDER 590	UNDER 690	UNDER 690	UNDER 691
<b>Part B Underpayment of Estimated Tax Penalty</b>						
16	<b>RATE PERIOD ONE: 7% (Apr-17-06 - Jun-30-06)</b> Computation starting date for this period . . . . .	16	Apr-17-06	Jun-15-06		
17	Number of days after the date on line 16 through the date the amount on line 15 was paid or June 30, 2006 whichever is earlier . . . . .	17	Days: 76	Days: 15		
18	Number of days on line 17 x 7% x underpayment on line 15 365	18	7	2		
19	<b>RATE PERIOD TWO: 8% (Jul-1-06 - Sep-30-06)</b> Computation starting date for this period . . . . .	19	Jun-30-06	Jun-30-06	Sep-15-06	
20	Number of days after the date on line 19 through the date the amount on line 15 was paid or September 30, 2006 whichever is earlier . . . . .	20	Days: 92	Days: 92	Days: 15	
21	Number of days on line 20 x 8% x underpayment on line 15 365	21	9	10	2	
22	<b>RATE PERIOD THREE: *% (Oct-1-06 - Dec-31-06)</b> Computation starting date for this period . . . . .	22	Sep-30-06	Sep-30-06	Sep-30-06	
23	Number of days after the date on line 22 through the date the amount on line 15 was paid or December 31, 2006 whichever is earlier . . . . .	23	Days: 92	Days: 92	Days: 92	
24	Number of days on line 23 x *% x underpayment on line 15 365	24	10	12	12	
25	<b>RATE PERIOD FOUR: *% (Jan-1-07 - Apr-16-07)</b> Computation starting date for this period . . . . .	25	Dec-31-06	Dec-31-06	Dec-31-06	Jan-16-07
26	Number of days after the date on line 25 through the date the amount on line 15 was paid or April 16, 2007 whichever is earlier . . . . .	26	Days: 106	Days: 106	Days: 106	Days: 91
27	Number of days on line 26 x *% x underpayment on line 15 plus any penalty from 365 Rate Periods One, Two and Three if the underpayment is unpaid as of January 1, 2007	27	12	14	14	12
28	<b>Penalty:</b> <b>Column (a) -</b> Add lines 18, 21, 24, 27. Enter the total on line 28 of column a. <b>Column (b) -</b> Add lines 18, 21, 24, 27. Enter the total on line 28 of column b. <b>Column (c) -</b> Add lines 21, 24, 27. Enter the total on line 28 of column c. <b>Column (d) -</b> Enter the amount from column d, line 27.	28	38	38	28	12
29	<b>Penalty Limitation:</b> In columns a through d, list the smaller of line 15 x 10% or the amount from line 28 . . . . .	29	38	38	28	12
30	<b>TOTAL PENALTY:</b> Add the amounts in columns a, b, c, and d, line 29. (see instructions). . . . .	30				116 00



**Annualized Income Installment Worksheet**

Complete lines 1 through 23 of one column before completing the next column.

	Jan-1-06 to Mar-31-06	Jan-1-06 to May-31-06	Jan-1-06 to Aug-31-06	Jan-1-06 to Dec-31-06
1 Enter your Arizona adjusted gross income without your dependent, qualifying parent or ancestor, blind, or over 65 exemptions for each period . . . . . 1				
2 Annualization amounts . . . . . 2	4.0	2.4	1.5	1.0
3 Annualized income: Multiply line 1 by line 2 . . . . . 3				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter zero and skip to line 7 . . . . . 4				
5 Annualized amounts . . . . . 5	4.0	2.4	1.5	1.0
6 Annualized itemized deductions: Multiply line 4 by line 5 . . . . . 6				
7 Enter your standard deduction from Arizona Form 140, line 17, Form 140PY, line 20, or Form 140NR, line 20 . . . . . 7				
8 Enter the amount from line 6 or line 7, whichever is larger . . . . . 8				
9 Subtract line 8 from line 3 . . . . . 9				
10 Enter the amount allowed for personal, blind, over 65, dependent, and qualifying parent or ancestor exemptions claimed on your Arizona Form 140, Form 140PY, or Form 140NR . . . . . 10				
11 Subtract line 10 from line 9 . . . . . 11				
12 Figure your tax on the amount on line 11 using Tax Rate Table X or Y . . . . . 12				
13 For each period, enter the amount of tax credits allowed on your Arizona Form 140, Form 140PY, or Form 140NR . . . . . 13				
14 Subtract line 13 from line 12. If zero or less, enter "zero" . . . . . 14				
15 Applicable percentages . . . . . 15	22.5%	45.0%	67.5%	90.0%
16 Multiply line 14 by line 15 . . . . . 16				
17 Enter the combined amounts of line 23 from all preceding columns . . . . . 17				
18 Subtract line 17 from line 16. If less than zero, enter "zero" . . . . . 18				
19 Divide line 9 from page 1, of this Form 221, by four (4), and enter the result in each column . . . . . 19				
20 Enter the amount from line 22 of the preceding column of this worksheet . . . 20				
21 Add lines 19 and 20, and enter the total . . . . . 21				
22 If line 21 is <b>more</b> than line 18, subtract line 18 from line 21. Otherwise, enter "zero" . . . . . 22				
23 Enter the <b>smaller</b> of line 18 or line 21 here and on page 1, line 11 . . . . . 23				

For the calendar year 2006, or

fiscal year beginning \_\_\_\_\_

and ending \_\_\_\_\_

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

RAYMOND RESSTOO

YOUR SOCIAL SECURITY NUMBER

400-00-7506

SPOUSE'S SOCIAL SECURITY NUMBER

**Part I Nonrefundable Individual Tax Credits**

Enter total available tax credits.

1	Defense Contracting Credit from Form 302 . . . . .	1		00
2	Enterprise Zone Credit from Form 304 . . . . .	2		00
3	Environmental Technology Facility Credit from Form 305 . . . . .	3		00
4	Military Reuse Zone Credit from Form 306 . . . . .	4	17,500	00
5	Recycling Equipment Credit from Form 307 . . . . .	5	50	00
6	Credit for Increased Research Activities from Form 308-I . . . . .	6		00
7	Credit for Taxes Paid to Another State or Country from Form 309 . . . . .	7	1,140	00
8	Credit for Solar Energy Devices from Form 310 . . . . .	8		00
9	Agricultural Water Conservation System Credit from Form 312 . . . . .	9	975	00
10	Pollution Control Credit from Form 315 . . . . .	10		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319 . . . . .	11	725	00
12	Credit for Employment of TANF Recipients from Form 320 . . . . .	12		00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321 . . . . .	13		00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . . . .	14		00
15	Credit for Contributions to School Tuition Organizations from Form 323 . . . . .	15		00
16	Agricultural Pollution Control Equipment Credit from Form 325 . . . . .	16	1,125	00
17	Neighborhood Electric Vehicle (NEV) Credit from Form 328 . . . . .	17		00
18	Credit for Donation of School Site from Form 331 . . . . .	18		00
19	Credit for Healthy Forest Enterprises from Form 332 . . . . .	19	900	00
20	Credit for Employing National Guard Members from Form 333 . . . . .	20		00
21	Credit for Motion Picture Production Costs from Form 334 . . . . .	21		00
22	Credit from Solar Energy Devices Commercial and Industrial Applications from Form 336 . . . . .	22		00
23	Total Available Tax Credits: Add lines 1 through 22 . . . . .	23	22,415	00

**Part II Application of Tax Credits**

Enter tax, recapture tax, and tax credits claimed this taxable year.

24	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26 . . . . .	24	25,932	00
25	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29 . . . . .	25	5	00
26	Subtract line 25 from line 24 . . . . .	26	25,927	00
27	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 37 . . . . .	27		00
28	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VI, line 19 . . . . .	28		00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part X, line 39 . . . . .	29		00
30	Tax from recapture of Credit for Motion Picture Production Cost from Form 334, Part VIII, line 34 . . . . .	30		00
31	Recapture Total: Add lines 27 through 30. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27 . . . . .	31		00
32	Subtotal: Add lines 26 and 31 . . . . .	32	25,927	00
33	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31 . . . . .	33		00
34	Subtract line 33 from line 32 . . . . .	34	25,927	00

400-00-7506

**Nonrefundable Tax Credits Claimed**

Enter amount of credits actually claimed from Part I.

<b>35</b> Defense Contracting Credit from Form 302 . . . . .	<b>35</b>		00
<b>36</b> Enterprise Zone Credit from Form 304 . . . . .	<b>36</b>		00
<b>37</b> Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32) . . . . .	<b>37</b>		00
<b>38</b> Military Reuse Zone Credit from Form 306 . . . . .	<b>38</b>	17,500	00
<b>39</b> Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000) . . . . .	<b>39</b>	50	00
<b>40</b> Credit for Increased Research Activities from Form 308-I . . . . .	<b>40</b>		00
<b>41</b> Credit for Taxes Paid to Another State or Country from Form 309 . . . . .	<b>41</b>	1,140	00
<b>42</b> Credit for Solar Energy Devices from Form 310 . . . . .	<b>42</b>		00
<b>43</b> Agricultural Water Conservation System Credit from Form 312 . . . . .	<b>43</b>	975	00
<b>44</b> Pollution Control Credit from Form 315 . . . . .	<b>44</b>		00
<b>45</b> Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319 . . . . .	<b>45</b>	725	00
<b>46</b> Credit for Employment of TANF Recipients from Form 320 . . . . .	<b>46</b>		00
<b>47</b> Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321 . . . . .	<b>47</b>		00
<b>48</b> Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . .	<b>48</b>		00
<b>49</b> Credit for Contributions to School Tuition Organizations from Form 323 . . . . .	<b>49</b>		00
<b>50</b> Agricultural Pollution Control Equipment Credit from Form 325 . . . . .	<b>50</b>	1,125	00
<b>51</b> Credit for Neighborhood Electric Vehicle (NEV) from Form 328 . . . . .	<b>51</b>		00
<b>52</b> Credit for Donation of School Site from Form 331 . . . . .	<b>52</b>		00
<b>53</b> Credit for Healthy Forest Enterprises from Form 332 . . . . .	<b>53</b>	900	00
<b>54</b> Credit for Employing National Guard Members from Form 333 . . . . .	<b>54</b>		00
<b>55</b> Credit for Motion Picture Production Costs from Form 334 . . . . .	<b>55</b>		00
<b>56</b> Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336 . . . . .	<b>56</b>		00
<b>57</b> Total Tax Credits Claimed: Add lines 35 through 56. Total cannot be more than line 34. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32 . . . . .	<b>57</b>	22,415	00

**NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.**

**ARIZONA FORM**  
**306****Military Reuse Zone Credit****2006**For the calendar year 2006 or  
fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.**Attach to your return**

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

**RAYMOND RESSTOO**

Social security number or employer identification number

**400-00-7506****Part I Business Information**

1	Business name . . . . .	1	<b>IMPERIAL HOLDINGS</b>
2	Business location . . . . .	2	<b>1234 CLOSED BASE WAY</b>
			<b>PHOENIX, AZ 85072</b>
3	Employer identification number . . . . .	3	<b>14-8484848</b>
4	Name of military reuse zone . . . . .	4	<b>AREA 41</b>

**Part II Net Increase in Employment**

5	Average employment during the current taxable year . . . . .	5	<b>1.92</b>
6	Employment baseline for preceding taxable year . . . . .	6	<b>1.00</b>
7	Net increase in employment - subtract line 6 from line 5 . . . . .	7	

**Part III Maximum Number of New Employees**

8	Dislocated military base employees. Enter the number of new employees who are dislocated military base employees . . . . .	8	<b>10</b>
9	Non-dislocated military base employees. Enter the number of new employees who are non-dislocated military base employees . . . . .	9	<b>5</b>
10	Total number of new employees. Add line 8 and line 9 . . . . .	10	<b>15</b>
11	Net increase in employment. Enter the number from Part II, line 7 . . . . .	11	
12	Maximum number of new employees. Enter the lesser of line 10 or line 11 . . . . .	12	

**Part IV Credit Calculation for Dislocated Military Base Employees**

	(a) Number of dislocated military base employees	(b) Credit allowed per employee	(c) Allowable credit
13	New employees in first year of employment <b>1</b>	\$1,000	<b>1,000</b>
14	Employees in the second year of continuous employment <b>1</b>	\$1,500	<b>1,500</b>
15	Employees in the third year of continuous employment <b>1</b>	\$2,000	<b>2,000</b>
16	Employees in the fourth year of continuous employment <b>1</b>	\$2,500	<b>2,500</b>
17	Employees in the fifth year of continuous employment <b>1</b>	\$3,000	<b>3,000</b>
18	Total <b>5</b>		<b>10,000</b>

**Part V Credit Calculation for Non-Dislocated Military Base Employees**

		(a) Number of non-dislocated military base employees	(b) Credit allowed per employee	(c) Allowable credit
19	New employees in first year of employment	1	\$500	500
20	Employees in the second year of continuous employment	1	\$1,000	1,000
21	Employees in the third year of continuous employment	1	\$1,500	1,500
22	Employees in the fourth year of continuous employment	1	\$2,000	2,000
23	Employees in the fifth year of continuous employment	1	\$2,500	2,500
24	Total	5		7,500

**Part VI S Corporation Credit Election and Shareholder's Share of Credit**

25 The S Corporation has made an irrevocable election for the taxable year ending \_\_\_\_\_ to:  
(CHECK ONLY ONE BOX)

☐ Claim the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c)  
(for the taxable year mentioned above);

OR

☐ Pass the military reuse zone credit shown on Part IV, line 18, column (c) and Part V, line 24, column (c)  
(for the taxable year mentioned above) through to its shareholders.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

If passing the credit through to the shareholder, complete lines 26 through 29 separately for each shareholder.  
Furnish each shareholder with a copy of the completed Form 306.

26 Name of shareholder \_\_\_\_\_

27 Shareholder's TIN \_\_\_\_\_

28 Shareholder's share of the amount on Part IV, line 18, column (c) . . . . . 28 00

29 Shareholder's share of the amount on Part V, line 24, column (c) . . . . . 29 00

**Part VII Partner's Share of Credit**

Complete lines 30 through 33 separately for each partner.  
Furnish each partner with a copy of the completed Form 306.

30 Name of partner \_\_\_\_\_

31 Partner's TIN \_\_\_\_\_

32 Partner's share of the amount on Part IV, line 18, column (c) . . . . . 32 00

33 Partner's share of the amount on Part V, line 24, column (c) . . . . . 33 00

Part VIII Available Credit Carryover

		(a)	(b)	(c)	(d)	(e)	(f)
34	Carryover credit from taxable year ending						
35	Original credit amount						
36	Amount previously used						
37	Tentative carryover - subtract line 36 from line 35						
38	Amount unallowable						
39	Available carryover - subtract line 38 from line 37						
40	Total available carryover						

Part IX Total Available Credit

41

Current year's credit for dislocated military base employees. Individuals, corporations, or S corporations - enter amount from Part IV, line 18, column (c). S corporation shareholders - enter amount from Part VI, line 28. Partners of a partnership - enter amount from Part VII, line 32 . . . . .

41

10,000

00

42

Current year's credit for non-dislocated military base employees. Individuals, corporations, or S corporations - enter amount from Part V, line 24, column (c). S corporation shareholders - enter amount from Part VI, line 29. Partners of a partnership - enter amount from Part VII, line 33 . . . . .

42

7,500

00

43

Available credit carryover - from Part VIII, line 40, column (f) . . . . .

43

00

44

Total available credit - add lines 41, 42 and 43. Enter total here and on Form 300, Part I, line 4 or Form 301, Part I, line 4 . . . . .

44

17,500

00

If you have more than 25 new dislocated military base employees, complete additional schedules.	(b)	(c)
(a)		Date of hire or transfer
Employee name	Social security number	
<sup>1</sup> FERDINAND MARSHALL	151-56-1656	01-01-2000
<sup>2</sup> FEDERICK TIMUR	879-97-8456	01-01-2002
<sup>3</sup>		
<sup>4</sup>		
<sup>5</sup>		
<sup>6</sup>		
<sup>7</sup>		
<sup>8</sup>		
<sup>9</sup>		
<sup>10</sup>		
<sup>11</sup>		
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<sup>19</sup>		
<sup>20</sup>		
<sup>21</sup>		
<sup>22</sup>		
<sup>23</sup>		
<sup>24</sup>		
<sup>25</sup>		

If you are claiming more than 25 dislocated military base employees, complete additional schedules.		(b)  Social security number		(c)  Check the appropriate box. This employee is a:				
(a)  Employee name				1st year employee c1	2nd year employee c2	3rd year employee c3	4th year employee c4	5th year employee c5
1	ISABELLA BORGIA	489-18-9198		X				
2	FEDERICK TIMUR	879-97-8456			X			
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26 Total - Add lines 1 through 25. Enter the total here.				1	1			



<div>If you have more than 25 new non-dislocated military base employees, complete additional schedules.</div>	<div>(b)</div> <div>Social security number</div>	<div>(c)</div> <div>Date of hire or transfer</div>
<div>(a)</div> <div>Employee name</div>		
<div>1</div> <div>NICHOLAS ROMANOV</div>	<div>119-88-9779</div>	<div>01-01-2003</div>
<div>2</div> <div>ALEXANDER BOURBON</div>	<div>189-87-7898</div>	<div>01-01-2005</div>
<div>3</div>		
<div>4</div>		
<div>5</div>		
<div>6</div>		
<div>7</div>		
<div>8</div>		
<div>9</div>		
<div>10</div>		
<div>11</div>		
<div>12</div>		
<div>13</div>		
<div>14</div>		
<div>15</div>		
<div>16</div>		
<div>17</div>		
<div>18</div>		
<div>19</div>		
<div>20</div>		
<div>21</div>		
<div>22</div>		
<div>23</div>		
<div>24</div>		
<div>25</div>		

<div>If you are claiming more than 25 non-dislocated military base employees, complete additional schedules.</div>	(b)	(c)				
(a)		Check the appropriate box. This employee is a:				
Employee name		Social security number	1st year employee c1	2nd year employee c2	3rd year employee c3	4th year employee c4
<sup>1</sup> DMITRI STUKOV	119-89-4848					X
<sup>2</sup> ALEXANDER BOURBON	189-87-7898	X				
<sup>3</sup>						
<sup>4</sup>						
<sup>5</sup>						
<sup>6</sup>						
<sup>7</sup>						
<sup>8</sup>						
<sup>9</sup>						
<sup>10</sup>						
<sup>11</sup>						
<sup>12</sup>						
<sup>13</sup>						
<sup>14</sup>						
<sup>15</sup>						
<sup>16</sup>						
<sup>17</sup>						
<sup>18</sup>						
<sup>19</sup>						
<sup>20</sup>						
<sup>21</sup>						
<sup>22</sup>						
<sup>23</sup>						
<sup>24</sup>						
<sup>25</sup>						
26 Total - Add lines 1 through 25. Enter the total here.		1				1

## Recycling Equipment Credit

D1 - 8/30/06

2006

For the calendar year 2006 or  
fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

## Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X

RAYMOND RESSTOO

Social security number or employer identification number

400-00-7506

## INDIVIDUAL TAXPAYERS:

Laws 2003, Ch. 122§§ 6 and 11, repealed the individual tax credit (ARS § 43-1076), effective for taxable years beginning from and after December 31, 2002. Individual taxpayers, including individual partners of a partnership, no longer qualify for the recycling equipment credit. A partnership cannot pass the credit through to its individual partners.

However, Laws 2003, Ch. 122§ 10, provides that individual taxpayers may claim carryovers of unused tax credits from taxable years beginning prior to January 1, 2003, for the succeeding 15 taxable years after the unused credit year. You cannot carryover any unused credit related to recycling equipment that had ceased to be recycling equipment or was transferred to another person at any time during the last four (but less than five) years. SEE INSTRUCTIONS FOR ADDITIONAL INFORMATION.

## Part I Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used	Available carryover- subtract column (c) from column (b)
1	2000	100	50	50
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total available carryover - Add amounts on lines 1 through 10 in column (d). Enter total on line 11, column (d), and on Form 301, Part I, line 5			50

309

For the calendar year 2006, or fiscal year beginning and ending .

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

RAYMOND RESSTOO

YOUR SOCIAL SECURITY NO.

400-00-7506

SPOUSE'S SOCIAL SECURITY NO.

**Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2006****Other State:** If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See page 6 of the instructions for a list of state abbreviations . . .**Other Country:** If claiming a credit for taxes paid to another country, enter the name of the other state or country . . . . . Mexico

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	Dividends		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country. 2	\$ 150,000	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona. 3	\$ 150,000	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country. 4	\$ 140,000	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4. 5	\$ 140,000	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c) . . . . . 6	140,000		00

**Part II Computation of Other State or Country Tax Credit** (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit) . . . . .	7	4,652	00
8 Amount from Part I, line 6 . . . . .	8	140,000	00
9 Entire income upon which Arizona tax is imposed. See instructions . . . . .	9	570,450	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum) . . . . .	10	24.5	%
11 Multiply the amount on line 7 by the percent on line 10 . . . . .	11	1,140	00
12 Income tax paid to (name of other state or country). See instructions. <u>Mexico</u> . . . . .	12	5,000	00
13 Amount from Part I, line 6 . . . . .	13	140,000	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4 . . . . .	14	140,000	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum) . . . . .	15	100.0	%
16 Multiply the amount on line 12 by the percentage on line 15 . . . . .	16	5,000	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions . . . . .	17	1,140	00

312

For the calendar year 2006 or  
fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, or 165

RAYMOND RESSTOO

Social security number or employer identification number

400-00-7506

**Part I Qualifying Water Conservation System**

1 Do you have a conservation plan on file and in effect with the United States

Department of Agriculture Soil Conservation Service? . . . . . ☒ YES☐ NO

2 If the answer to question 1 is yes, enter:

a. Date filed . . . . .

2a 02-02-2004

b. Soil Conservation Service Office Location . . . . .

2b 67 VERNON WAY

PHOENIX, AZ 85032

3 Check type of change or system installed:

**System Changes**

- ☒ Unlined field ditch to concrete lined ditch  
☐ Unlined field ditch to underground pipeline  
☐ Unlined field ditch to gated pipes  
☐ Sloping unlevelled surface field to slope on precise grade  
☐ Sloping surface irrigated field to level basin  
☐ Sloping field with surface irrigation to sprinkler  
☐ Surface or sprinkler to trickle (above ground)  
☐ Surface or sprinkler to subsurface trickle (below ground)  
☐ Increasing the size of field ditch to provide larger head  
☐ Unused runoff water to tailwater recovery system  
☐ Other - Describe

**Part II Calculation of the Current Taxable Year's Credit**

4	Total amount of expenses for current taxable year . . . . .	4	1,500	00
5	Total amount of reimbursement . . . . .	5	200	00
6	Net amount of qualifying expenses - subtract line 5 from line 4 . . . . .	6	1,300	00
7	Current taxable year's credit - multiply line 6 by 75% (.75) . . . . .	7	975	00

Part III Partner's Share of Credit

Complete lines 8 through 10 separately for each individual partner. Furnish each individual partner with a copy of the completed Form 312.

8

Name of partner

9

Partner's TIN

10

Partner's share of the amount on Part II, line 7 . . . . .

10

00

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used	Available carryover - subtract column (c) from column (b)
11				
12				
13				
14				
15				
16	Total available carryover			

Part V Calculation of Available Credit for Current Year

17

Current year's credit. Individuals - enter amount from Part II, line 7.  
Individual partners of a partnership - enter amount from Part III, line 10 . . . . .

17

975

00

18

Available credit carryover - from Part IV, line 16, column (d) . . . . .

18

00

19

Total available credit. Individuals - Add line 17 and line 18. Enter total here and on Form 301, Part I, line 9.  
Corporations - Enter amount from line 18 here and on Form 300, Part I, line 7 . . . . .

19

975

00

For the calendar year 2006 or  
fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

All healthy forest credit forms must be attached to your return

ALL BUSINESSES MUST BE CERTIFIED BY THE DEPARTMENT OF COMMERCE AND SUBMIT A COPY OF THE CERTIFICATION TO THE DEPARTMENT OF REVENUE FOR APPROVAL BEFORE USING THE CERTIFICATION FOR THE PURPOSE OF ANY TAX INCENTIVE.

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X or 165

RAYMOND RESSTOO

Your Social Security No. or Employer ID No.

400-00-7506

### Part I Healthy Forest Enterprise Information

1 Name of Healthy Forest Enterprise

1. ORWELLIAN TERMINOLOGY

2 Employer identification number

2. 12-3834838

### Part II Average number of Full-Time Employees

3 Average number of full-time employees in the Healthy Forest Enterprise during the current taxable year . . . . .	3	2.00
4 Average number of full-time employees in the Healthy Forest Enterprise during the immediately preceding taxable year	4	1.00
5 Net increase in average number of full-time employees - subtract line 4 from line 3 . . . . .	5	1

### Part III Net Increase in Qualified Employment Positions

6 Total number of filled qualified employment positions created in the current year . . . . .	6	2
The business must create at least three new qualified employment positions in the first taxable year in which the credit is claimed.		
7 Net increase in average number of full-time employees enter the number from Part II, line 5 . . . . .	7	1
8 Net increase in qualified employment positions for this Healthy Forest Enterprise - enter the lesser of line 6 or line 7 . . .	8	1

### Part IV Limitation on number of Qualified Employment Positions

9 Maximum number of filled qualified employment positions on which a credit may be calculated . . . . .	9	200
10 Maximum number of new qualified employment positions on which you may claim the credit - enter the lesser of line 8 or line 9 . . . . .	10	1

### Part V Credit calculation for Qualified Employment Positions

	(a)	(b)	(c)	(d)
	Number of qualifying employees	Qualifying wages	Percentage	Allowable credit
11 Qualified new employees	1	1,600	25%	400
12 Previously qualified employees in the second year of continuous employment	1	1,500	33 1/3%	500
13 Previously qualified employees in the third year of continuous employment			50%	
14 Totals	2			900

Part VIRecapture of Credit

15	Taxable year in which the certification of the business as a Healthy Forest Enterprise was revoked . . . . .	15	
16	Last taxable year in which the Credit for Healthy Forest Enterprise was allowed . . . . .	16	
17	Number of years after the credit was allowed that the certification was revoked . . . . .	17	
18	Enter percent based on the number of years entered on line 17 - see instructions . . . . .	18	%
19	Full amount of all credits previously allowed . . . . .	19	00
20	Total recapture of Credit for Healthy Forest Enterprises. Multiply line 19 by the percentage on line 18 . . . . .	20	00

Part VII S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture

21 The S Corporation has made irrevocable election for the taxable year ending \_\_\_\_\_ to:  
(CHECK ONLY ONE BOX)

- ☐ Claim the credit, as shown on Part V, line 14, column (d), for the taxable year shown above;
- OR
- ☐ Pass the credit, as shown on Part V, line 14, column (d), for the taxable year shown above through to its shareholders.

SignatureTitleDate

If passing the credit through to the shareholder, complete lines 22 through 24 separately for each shareholder.  
If passing the credit recapture through to the shareholder, also complete line 25 separately for each shareholder.  
Furnish each shareholder with a copy of the completed Form 332.

22	Name of shareholder _____		
23	Shareholder's TIN _____		
24	Shareholder's share of the credit year's credit from Part V, line 14, column (d) . . . . .	24	00
25	Shareholder's share of the credit recapture from Part VI, line 20 . . . . .	25	00

Part VIII Partner's Share of Credit and Credit Recapture

Complete lines 26 through 28 separately for each partner.  
If passing the credit recapture through to the partner, also complete line 29 separately for each partner.  
Furnish each partner with a copy of the completed Form 332.

26	Name of partner _____		
27	Partner's TIN _____		
28	Partner's share of the current year's credit from Part V, line 14, column (d) . . . . .	28	00
29	Partner's share of the credit recapture from Part VI, line 20 . . . . .	29	00



## Qualifying Employees

D1 8/30/06

If you have more than 10 employees, complete additional schedules

## ORWELLIAN TERMINOLOG

(a)	(b)	(c)	(d)	(e)	(f)
Employee name	Social Security Number	Employee hire date	Check box if employee resided in Arizona on the hire date	Brief description of employee's job duties	Total Number of Hours employee worked this year
<sup>1</sup> MARGARET THATCHER	189-81-1989	20050202	X	CUTS DOWN TREES	500
<sup>2</sup> JOHN THATCHER	189-98-7441	20060202	X	WATCHES THE WATCHERS	550
<sup>3</sup>					
<sup>4</sup>					
<sup>5</sup>					
<sup>6</sup>					
<sup>7</sup>					
<sup>8</sup>					
<sup>9</sup>					
<sup>10</sup>					

If you have more than 10 qualified employees, complete additional schedules

ORWELLIAN TERMINOLOG

(a)  Employee name	(b)  Social Security Number	(c) Year of Employee Check the appropriate box. This employee is:			(d)  Total Wages Paid to the Employee during the Current Tax Year	(e) Maximum Allowable Wages Enter the lesser of column (d) or the maximum allowed below		
		1st year employee c1	2nd year employee c2	3rd year employee c3		year 1 \$2,000 e1	year 2 \$3,000 e2	year 3 \$3,000 e3
1 MARGARET THATCHER	189-81-1989		X		1,500		1,500	
2 JOHN THATCHER	189-98-7441	X			1,600	1,600		
3								
4								
5								
6								
7								
8								
9								
10								
11 Total-Add lines 1 through 10. Enter the total here . . . . .		1	1		3,100	1,600	1,500	

**Part IX Credit Recapture Summary**

**30** Enter the taxable year(s) in which you took a credit or credit carryover for the disqualified Healthy Forest Enterprise \_\_\_\_\_

<b>31</b> Enter the total amount of credit originally allowable for the disqualified Healthy Forest Enterprise . . . . .	<b>31</b>		<b>00</b>
<b>32</b> Enter the total amount of the credit to be recaptured			
• Individuals, corporations, and S corporations, enter the amount from Part VI, line 20			
• S corporation shareholders, enter the amount from Part VII, line 25			
• Partners of a partnership, enter the amount from Part VII, line 29 . . . . .	<b>32</b>		<b>00</b>
<b>33</b> Subtract line 32 from line 31 and enter the result. This is the amount of credit allowable for the disqualified Healthy Forest Enterprise . . . . .	<b>33</b>		<b>00</b>
<b>34</b> Amount of credit on line 31 that you have claimed on prior years' returns . . . . .	<b>34</b>		<b>00</b>
<b>35</b> Subtract line 34 from line 33 and enter the result . . . . .	<b>35</b>		<b>00</b>

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part X, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part IX, column d, on the line for the year in which the disqualified credit arose.

- Corporations, also enter this amount as a positive number on Form 300, Part II, line 22.
- Individuals, also enter this amount as a positive number on Form 301, Part II, line 29.

**Part X Available Credit Carryover**

	(a) Carryover from taxable year ending	(b) Original credit amount	(c) Amount previously used or expired	(d) Available credit carryover - subtract column (c) from column (b)
<b>36</b>				
<b>37</b>				
<b>38</b>				
<b>39</b>				
<b>40</b>				
<b>41</b>	Total available credit carryover . . . . .			

**Part XI Total Available Credit**

<b>42</b> Current year's credit. Individuals, corporations, or S corporations that are claiming the credit - enter amount from Part V, line 14, column (d). S corporation shareholders - enter the amount from Part VII, line 24. Partners of a partnership - enter amount from Part VIII, line 28 . . . . .	<b>42</b>	900	<b>00</b>
<b>43</b> Available credit carryover from Part X, line 41, column (d) . . . . .	<b>43</b>		<b>00</b>
<b>44</b> Total available credit. Add line 42 and line 43. Enter the result here and on Form 300, Part I, line 13 or Form 301, Part I, line 19 . . . . .	<b>44</b>	900	<b>00</b>

Credit for Solar Hot Water Heater Plumbing Stub Outs  
and Electric Vehicle Recharge Outlets

D1-8/30/06

2006

For the calendar year 2006 or  
fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return

Name(s) as shown on Forms 120, 120A, 120S, 120X, 140, 140PY, 140NR, 140X, or 165

RAYMOND RESSTOO

Social security number or employer identification number

400-00-7506

The houses or dwelling units in which the qualifying installations are made by the builder/taxpayer must be located in Arizona. The credit is in lieu of a deduction  
for the expenses of installing the solar hot water heater plumbing stub outs and electric vehicle recharge outlets for which the credit is claimed.

## Part I Calculation of Current Taxable Year's Credit for Taxpayer That Built the House or Dwelling Unit

1	Total allowable credit - from attached Form(s) 319-1, column (h) . . . . .	1	225	00
2	Total amount of credit transferred to purchasers or transferees - from attached Form(s) 319-2, column (c) . . . . .	2	0	00
3	Current taxable year's credit - subtract line 2 from line 1 . . . . .	3	225	00

## Part II Current Taxable Year's Credit for Purchaser or Transferee of the House or Dwelling Unit

4	Total allowable credit - from attached copy of written statement provided by the builder of house or dwelling unit . . .	4	500	00
---	--	---	-----	----

## Part III S Corporation Credit Election and Shareholder's Share of Credit

- 5 The S corporation has made an irrevocable election for the taxable year ending \_\_\_\_\_ to:  
(CHECK ONLY ONE BOX)

☐ Claim the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part I, line 3  
(for the taxable year mentioned above);

OR

☐ Pass the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part I, line 3  
(for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

- 6 The S corporation has made an irrevocable election for the taxable year ending \_\_\_\_\_ to:  
(CHECK ONLY ONE BOX)

☐ Claim the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part II, line 4  
(for the taxable year mentioned above);

OR

☐ Pass the credit for solar hot water heater plumbing stub outs and electric vehicle recharge outlets as shown on Part II, line 4  
(for the taxable year mentioned above) through to its shareholders.

Signature

Title

Date

If passing the credit through to the shareholders, complete lines 7 through 10 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 319.

7 Name of shareholder \_\_\_\_\_

8 Shareholder's TIN \_\_\_\_\_

9 Shareholder's share of the amount on Part I, line 3 . . . . . 9 00

10 Shareholder's share of the amount on Part II, line 4 . . . . . 10 00

Part IV Partner's Share of Credit

Complete lines 11 through 14 separately for each partner.  
Furnish each partner with a copy of the completed Form 319.

11 Name of partner \_\_\_\_\_

12 Partner's TIN \_\_\_\_\_

13 Partner's share of the amount on Part I, line 3 . . . . .13

14 Partner's share of the amount on Part II, line 4 . . . . .14

0000

Part V Available Credit Carryover for Taxpayer as Builder of House or Dwelling Unit

		(a)	(b)	(c)	(d)	(e)	(f)
15	Carryover credit from taxable year ending						
16	Original credit amount						
17	Amount previously used						
18	Tentative carryover - subtract line 17 from line 16						
19	Amount transferred - enter total amount from Form(s) 319-2, column (e)						
20	Available carryover - subtract line19 from line 18						
21	Total available carryover						

Part VI Available Credit Carryover for Taxpayer as Purchaser or Transferee of House or Dwelling Unit

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used	Available carryover - subtract column (c) from column (b)
22				
23				
24				
25				
26				
27	Total available carryover . . . . .			

Part VII Total Available Credit

28

Current year's credit for taxpayer that built the house or dwelling unit. Individuals, corporations, or S corporations - enter the amount from Part I, line 3. S corporation shareholders - enter the amount from Part III, line 9. Partners of a partnership- enter the amount from Part IV, line 13 . . . . .

28

225

00

29

Current year's credit for purchaser or transferee of house or dwelling unit. Individuals, corporations, and S corporations - enter the amount from Part II, line 4. S corporation shareholders - enter the amount from Part III, line 10. Partners of a partnership - enter the amount from Part IV, line 14 . . . . .

29

500

00

30

Available credit carryover for taxpayer as builder of house or dwelling unit - enter amount from Part V, line 21, column (f) . . . . .

30

00

31

Available credit carryover for taxpayer as purchaser or transferee of house or dwelling unit - enter amount from Part VI, line 27, column (d) . . . . .

31

00

32

Total available credit - add lines 28, 29, 30, and 31. Enter the total here and on Form 300, Part I, line 10, or Form 301, Part I, line 11 . . . . .

32

725

00

If the taxpayer has made qualifying installations in more than 12 houses or dwelling units, complete additional Form(s) 319-1.	(b) Number of Stub Outs Installed	(c) Allowable Cost - lesser of actual installation cost or \$75	(d) Total Allowable Stub Out Cost - multiply column (b) by column (c)	(e) Number of Recharge Outlets Installed	(f) Allowable Cost - lesser of actual installation cost or \$75	(g) Total Allowable Recharge Outlet Cost - multiply column (e) by column (f)	(h) Total Allowable Credit for House or Dwelling Unit - add columns (d) and (g)
(a) House or Dwelling Unit Address							
1 56 VIRGINIA AVENUE TUCSON, AZ 85702	1	75	75	2	75	150	225
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13 Total - Add lines 1 through 12. Enter the total here.	1	75	75	2	75	150	225

**ARIZONA FORM****Agricultural Pollution Control Equipment Credit****2006****325**

For the calendar year 2006 or  
For taxable year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**Attach to your return**

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

**RAYMOND RESSTOO**

Social security number or employer identification number

**400-00-7506****Part I Schedule of Equipment and Calculation of Current Taxable Year's Credit**

If additional space is needed, attach a separate schedule.

	(a) Date property placed in service	(b) Description	(c) Total cost of property used to reduce agricultural pollution	
1	02-02-2005	SCRUBBERS FOR A FACTORY	4,500	00
2				00
3				00
4				00
5				00
6				00
7				00
8				00
9				00
10				00

11	Total - add lines 1 through 10 in column (c) . . . . .	11	4,500	00
12	Total from continuation sheet if applicable . . . . .	12		00
13	Total cost of agricultural pollution control equipment - add lines 11 and 12 . . . . .	13	4,500	00
14	Tentative credit for current taxable year - multiply line 13 by 25% (.25) . . . . .	14	1,125	00
15	Maximum credit allowed . . . . .	15	25,000	00
16	Credit for current taxable year - enter the lesser of line 14 or line 15 . . . . .	16	1,125	00

A taxpayer who elects to claim a credit under ARS § 43-1081.01 or § 43-1170.01 shall reduce the basis for depreciation or amortization of costs of the agricultural pollution control equipment by the amount of the credit claimed.

**Part II S Corporation Credit Election and Shareholder's Share of Credit**

17 The S corporation has made an irrevocable election for the taxable year ending \_\_\_\_\_ to:

**(CHECK ONLY ONE BOX)**☐

Claim the agricultural pollution control equipment credit as shown on Part I, line 16 ( for the taxable year mentioned above);

**OR**☐

Pass the agricultural pollution control equipment credit as shown on Part I, line 16 (for the taxable year mentioned above) through to its shareholders.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Title\_\_\_\_\_  
Date

If passing the credit through to the shareholder, complete lines 18 through 20 separately for each shareholder. Furnish each shareholder with a copy of the completed Form 325.

18 Name of shareholder \_\_\_\_\_

19 Shareholder's TIN \_\_\_\_\_

20 Shareholder's share of the amount on Part I, line 16 . . . . . 20 \_\_\_\_\_ 00



Part III Partner's Share of Credit

Complete lines 21 through 23 separately for each partner. Furnish each partner with a copy of the completed Form 325.

21 Name of partner \_\_\_\_\_

22 Partner's TIN \_\_\_\_\_

23 Partner's share of the amount on Part I, line 16 . . . . .

23		00
----	--	----

Part IV Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used	Available carryover - Subtract column (c) from column (b)
24				
25				
26				
27				
28				
29	Total available carryover			

Part V Total Available Credit

30 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 16.  
S corporation shareholders - enter the amount from Part II, line 20.  
Partners of a partnership - enter amount from Part III, line 23 . . . . .

30	1,125	00
----	-------	----

31 Available credit carryover - from Part IV, line 29, column (d) . . . . .

31		00
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32 Total available credit. Add line 30 and line 31. Enter total here and on Form 300, Part I, line 12 or Form 301, Part I, line 16 . . . . .

32	1,125	00
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00-563333-07506-7

**ARIZONA FORM****Arizona Department of Revenue  
E-file Signature Authorization****2006**

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

**RAYMOND****RESSTOO****400-00-7506**

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

**PART I PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART II - TAX RETURN INFORMATION**

1	Arizona Adjusted Gross Income . . . . .	1	570,450	00
2	Balance Of Tax . . . . .	2	3,512	00
3	Arizona Income Tax Withheld . . . . .	3	400	00
4	Refund . . . . .	4		00
5	Amount You Owe . . . . .	5	2,728	00

**PART II - FINANCIAL INSTITUTION INFORMATION -**

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT

ROUTING NUMBER

☐ Checking ☒ Savings

021234567

ACCOUNT NUMBER

123123123

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

04162007

\$ 2728.00

**PART III DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part II)**

Under penalties of perjury, I declare that I have examined a paper copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2006, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the paper copy of my electronic Arizona income tax return.

6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the ref.

6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.

6c ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize **CHUCK GRISE** to make the election that I want my electronic signature to my electronic federal individual (ELECTRONIC RETURN ORIGINATOR)

income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2006. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, c and complete. I further understand that if my ERO fails to make the election of my electronic signature to my federal individual income tax return as my signature to my Arizona individual income tax return, I will need to execute Arizona Form AZ-8453.

PLEASE SIGN	YOUR PEN AND INK SIGNATURE	10-19-2006
		DATE
	SPOUSE'S PEN AND INK SIGNATURE	
		DATE
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

## \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**Line 5 AVERAGE FULL-TIME EMPLOYMENT WORKSHEET**

Enter the average full-time employment in the military reuse zone for the current taxable year.

Complete the worksheet below to determine the average full-time employment during the current taxable year. On lines 1 through 12 below, enter the number of full-time employees employed at the end of each month by the business located in the military reuse zone.

Average Full-time Employment Worksheet	Line 5 Column - Current Taxable Year
1. January	<u>1</u>
2. February	<u>1</u>
3. March	<u>1</u>
4. April	<u>1</u>
5. May	<u>1</u>
6. June	<u>1</u>
7. July	<u>1</u>
8. August	<u>1</u>
9. September	<u>1</u>
10. October	<u>1</u>
11. November	<u>1</u>
12. December	<u>12</u>
13. Total - (Add lines 1 through 12.)	<u>23</u>
14. Total number of months during the taxable year in which the employer was in business.	<u>12</u>
15. Average - Divide the amount on line 13 by the amount on line 14. Do not round the quotient.	<u>1.9</u>

\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

AVERAGE NUMBER OF FULL TIME EMPLOYEES

Complete the following worksheet to determine the average number of full time employees. On lines 1 through 12 of the worksheet, enter the number of full time employees employed at the end of each month by the business located in the enterprise zone.

	Current Taxable Year	Immediately Preceding Taxable Year
1 January	<u>2</u>	<u>1</u>
2 February	<u>2</u>	<u>1</u>
3 March	<u>2</u>	<u>1</u>
4 April	<u>2</u>	<u>1</u>
5 May	<u>2</u>	<u>1</u>
6 June	<u>2</u>	<u>1</u>
7 July	<u>2</u>	<u>1</u>
8 August	<u>2</u>	<u>1</u>
9 September	<u>2</u>	<u>1</u>
10 October	<u>2</u>	<u>1</u>
11 November	<u>2</u>	<u>1</u>
12 December	<u>2</u>	<u>1</u>
13 Total - Add lines 1 through 12.	<u>24</u>	<u>12</u>
14 Total number of months during the taxable year in which the employer was in business.	<u>12</u>	<u>12</u>
15 Average - Divide the amount on line 13 by the amount on line 14. Do not round the quotient.	<u>2.00</u>	<u>1.00</u>

**\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*****Entire Income Upon Which Arizona Tax is Imposed Worksheet**

Enter your entire income upon which Arizona tax is imposed. This is the Arizona adjusted gross income excluding allowable exemptions for age 65 or over, blind, dependents, or qualifying parents and ancestors.

Use the worksheet to figure your entire income upon which Arizona tax is imposed.

1. Enter the amount of Arizona AGI from  
Form 140, line 16; Form 140PY, line 19; or  
Form 140NR, line 19. . . . . 570,450
  
2. Enter the amount of Arizona Total Exemptions from  
Form 140, line C18; Form 140PY, line D30; or  
Form 140NR, line D25. . . . . \_\_\_\_\_
  
3. Add the amount on  
lines 1 and 2. Enter  
the total here and on  
line 9 of Arizona  
Form 309. . . . . 570,450

**\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\***

**Credit Carryover Worksheet**

Keep this worksheet with your records. Use this information to complete your 2007 credit forms that you will file in 2008.

(a) Credit Type		(b) Carryover?		(c) 2006 Credit	(d) Credit used for 2006	(e) Carryover to 2007
On the lines below, enter the types of credits available to you for 2006.		May the unused credit for the type of credit entered in column (a) be carried forward? (See the applicable credit form for information about a specific credit.) <b>Check either yes or no.</b> if the answer is no, do not complete columns (c) through (e) for that line.		On the lines below, enter the amount of each credit available to you for 2006. Take these amounts from Form 301, lines 1 through 22 or Form 300, lines 1 through 17.	On the lines below, enter the amount of each credit used for 2006. Take these amounts from Form 301, lines 35 through 56 or Form 300, lines 28 through 44.	For each line on which you have entered an amount, subtract the amount in column (d) from the amount in column (c). This is the amount of each credit that you may carryover to 2007, providing the credit carryover may be carried to 2007. Use this figure when completing the appropriate 2007 credit form.
1.	306	X		17,500	17,500	
2.	307	X		50	50	
3.	309		X			
4.	312	X		975	975	
5.	319	X		725	725	
6.	325	X		1,125	1,125	
7.	332	X		900	900	
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**Clean Elections Fund Tax Reduction Worksheet**

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

**NOTE:** Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1. Enter the amount of tax from Form 140  
line 22, Form 140NR line 25, or Form 140PY  
line 25. . . . . 1. 25,932
  
2. If you checked the box for yourself, enter \$5.  
If a joint return and your spouse also checked  
the box for spouse, enter \$10. . . . . 2. 5
  
3. Balance of tax eligible for tax reduction.  
Subtract line 2 from line 1. If less than  
zero, enter zero "0". . . . . 3. 25,927
  
4. If you checked the box for yourself, enter \$5.  
If a joint return and your spouse also checked the  
box for spouse, enter \$10. . . . . 4. 5
  
5. Tax reduction. Enter the lesser of line 3  
or line 4. Also enter this amount on Form  
140, line 24, Form 140NR line 27, or Form  
140PY line 27. . . . . 5. 5

